,			70	COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in ink.	ink.	RECEIVE	CALIFORNIA FORM
(GOVERNMENT CODE SECUONS 04200-04210:3)	Statement covers period from 01/01/2015	Date of election if applicable: (Month, Day, Year)	015 JUL 31 PM 1	Habe 1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2015	11/08/2016	CITY CLERK'S OFFICE	FICE
I Committee mittee	s – Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure	2. Type of Statement: Preelection Statement Statement	Quai	Quarterly Statement
() State Candidate Election Committee (Also Complete Part 5)	Controlled Controlled Sponsored (Also Complete Part 6)		ation)	Special Odg-Year Report Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Pert 7)	Amenament (Explain below)	elow)	
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	TTEE)	NAME OF TREASURER		
Patino ior Mayor Zule		Tom Martinez MAILING ADDRESS		
		2624 Air Park Dr.		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	ODE AREA CODE/PHONE
2624 Airpark Drive		Santa Maria	CA 93455	(805) 934-5737
CITY	ZIP CODE AREA CODE/PHONE		RER, IF ANY	
Santa Maria CA 93455 MANING APPESS OF DIFFERENTIAL AND STREET OF POR BOX	93455 (805)934-5737 PO BOX	Trent Benedett1 MAILING ADDRESS		
MAILING ADUREDO (IT DITTENENT) NO. 2000 UNITED ON		2151 S. College Dr.,		
CITY	ZIP CODE AREA CODE/PHONE	CITY	E ZI	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Santa Maria OPTIONAL: FAX / E-MAIL ADDRESS	5	75400
tom@martinezassoc.net				
<u> </u>	viewing this statement and to the best of my kralifornia that the foregoing is true and correct.	nowledge the information contained he	rein and in the attached sched	ules is true and complete. I certify
4		TION A	Treasurer	
Executed on	Signature of C	ontroffing Officerwider, Candidate, State Measure Fr	e, State Measure Proponent or Responsible Officer of Sponsor	3
Executed on	6	Signature of Controlling Officeholder, Candidate, State Measure Proponent	State Measure Proponent	
Executed on Date	À	Signature of Controlling Officeholder, Candidate, State Measure Proponent FPP	Sate Measure Proponent FPPC Toll-Free h	PPPC Form 460 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (866/27-3772) State of California



5. Officeholder or Candidate Controlled Committee	nittee	6. Primarily Formed	Primarily Formed Ballot Measure Committee	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	RE		
Alice Patino		OD LETTED	NOITCIGNISMI		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER	ICT NUMBER IF APPLICABLE)				SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	S		ng officeholder, cand	identify the controlling officeholder, candidate, or state measure proponent, if any.	roponent, if any.
2624 Airpark Drive Sa	Santa Maria CA	93455 NAME OF OFFICEHOLDE	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	atement: List any committees or are primarily formed to receive andidacy.	nittees OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	9	DISTRICT NO. IF ANY	- ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Candidate/Office idate(s) for which this of	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	it names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	2	NAME OF OFFICEHOLDER OR CANDIDATE	R OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	PHONE NAME OF OFFICEHOLDER OR CANDIDATE	R OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	R OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	E? NAME OF OFFICEHOLDER OR CANDIDATE	ER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	BOX)				
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	PHONE	Attach continuation	Attach continuation sheets if necessary	

n Disclosure Statement	/ Page
paign Di	ary Pa
Campa	Summ

Type or print in ink. Amounts may be rounded

SUMMARY PAGE Statement covers period

Summary rage	to whole dollars.		Statement covers period	CALIFORNIA 460
		from	01/01/2015	LOURI
SEE INCITOLICATIONS ON DEVEDOE		through _	06/30/2015	Page3 of4
NAME OF FILER				I.D. NUMBER
Patino for Mayor 2016				1342332
Contributions Received	Columin A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDARY YEAR TOTALTO DATE	Calendar Year Sum Running in Both th General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions	Line 3 \$ 0.00	00.00	1/1 #	1/1 through 6/30 7/1 to Date
Loans Received	€	\$	20. Contributions Received	မ
4. Nonmonetary Contributions	Line 3 0.00	00.0	nditures	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3	s3+4 \$ 0.00	\$ 0.00	Made \$	₩ ₩
Expenditures Made 6. Payments Made	Line 4 \$ 54.75	\$ 54.75	Expenditure Limit Candidates	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3	Line 3 0.00	00.0	22 Cumulatis	20 Cumulativo Evacudituras Nado*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$6+7 \$ 54.75	\$ 54.75	(if Subject to	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3	0.00 0.00	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment	Line 3 0.00	00.0	(mm/aa/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10	9+10 \$ 54.75	\$ 54.75		\$
Current Cash Statement				€
12. Beginning Cash Balance Previous Summary Page, Line 16	Line 16 \$ 1,325.51	To calculate Column B, add		
13. Cash Receipts Column A, Line 3 above	0.00 0 o o o	amounts in Column A to the	* * * * * * * * * * * * * * * * * * *	*A manuscript in this provides manuths different from amounted
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	from Column B of your last	reported in Column B.	ווומץ טפ שווופופות ווסוח מוווסטות
15. Cash Payments Column A, Line 8 above	3 above 54.75	report. Some amounts in Column A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	Line 15 \$ 1,270.76	figures that should be subtracted from previous		
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed		
17. LOAN GUARANTEES RECEIVEDschedule B, P	, Part 2 \$ 0.00	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts	reverse \$ 0.00	from Lines 2, 7, and 9 (if any).		
Add Line 2			FPPC Toll-Free Helpli	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E

Type or print in ink.

4 ŏ CALIFORNIA I.D. NUMBER FORM Page 4 Statement covers period 06/30/2015 01/01/2015 through from

SCHEDULE

00.0 transfer between committees of the same candidate/sponsor AMOUNT PAID information technology costs (internet, e-mail) 1342332 t.v. or cable airtime and production costs **SUBTOTAL**\$ staff/spouse travel, lodging, and meals candidate travel, lodging, and meals RAD radio airlime and production costs campaign workers' salaries If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration DESCRIPTION OF PAYMENT 트로 지하고 MB VOT WEB RFD postage, delivery and messenger services professional services (legal, accounting) * Payments that are contributions or independent expenditures must also be summarized on Schedule D. R polling and survey research meetings and appearances Amounts may be rounded to whole dollars. member communications CODE petition circulating office expenses phone banks print ads MBR MTG 유민정정 fundraising events independent expenditure supporting/opposing others (explain)* NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) contribution (explain nonmonetary)* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees SEE INSTRUCTIONS ON REVERSE campaign consultants Patino for Mayor 2016 Payments Made civic donations legal defense NAME OF FILER CODES: 9 CHB CYC SNS 든운

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	9	00
2. Unitemized payments made this period of under \$100	\$ 54.	75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	9	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$ 54.75	75

00.0

S

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (January/05)